

# PHILADELPHIA MEDICAL TIMES.

SATURDAY, MAY 17, 1873.

## ORIGINAL LECTURES.

### CLINICAL LECTURE ON PELVIC NECROSIS.

BY H. ALLEN, M.D.,  
Surgeon to the Philadelphia Hospital.

**GENTLEMEN:** I propose to-day to speak of some of the conditions arising from disease of the bones of the pelvis. As you are aware, the pelvis is protected at its sides by the gluteal masses of muscles, whose outlines are continuous with those of the adductor and flexor muscles of the thighs. This arrangement essentially excludes examination of the sides and inferior margins of the pelvis during life, while the state of the interior can be only approximately estimated by the inspection of the outlet of the pelvic organs. Occasionally much light can be gained by the last-named procedure: this failing, we are in the dark. Let us suppose that a case of chronic disease of the pelvic bones, attended with suppuration and the formation of fistulæ, is presented. We are able, we will suppose, to eliminate all diseases of the pelvic viscera, may exclude coxalgia, and yet we may be uncertain as to the exact nature of the trouble. Of the two examples which will be narrated to-day, you will perceive that the observer might well be excused for hesitating in forming positive opinions about the conditions actually existing, and for leaning to conservative methods of treatment.

*Case I.*—H. McC., male, colored, aged 33, laborer, was admitted to the Philadelphia Hospital, November 17, 1870, with what was believed to be venereal disease. He was received into the Men's Venereal Ward. The right groin was the seat of sinuses; the testicles were swollen. No history of his condition prior to admission was at all satisfactory. He came under the notice of the writer October, 1871. His state at this time was as follows: He was bedridden and much emaciated; the right groin presented the appearance of chronic virulent bubo; the glands were enlarged and painful, and undermined here and there with pus, which had found vent through several fistulous orifices. One of these tracts permitted the introduction of a curved probe downwards and inwards beneath the great vessels. Several cicatrices, the results of opening old sinuses, marked the region. The right half of the scrotum exhibited an opening of a purulent tract. This was situated a little to the left of the femoro-scrotal fold; both testicles were somewhat enlarged; no fistula were found in the left groin; the lymphatic glands were not enlarged. When the patient was directed to lie upon his face, an indurated patch of tissue was traceable from the flexor aspect of the thigh at its lower third to the ischio-rectal fossa; a probe passed along the sinus, corresponding to the tract, met with no resistance. The decubitus was upon the right side, with the legs flexed. The discharge was fetid and profuse, necessitating frequent renewals of the dressings. The man was listless, appeared to suffer no pain, slept fairly, and had a moderate appetite. He was fond of lying with his head enveloped in the covering of the bed.

It was deemed advisable to preserve perfect rest of

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the sinuses; and to this end the limb was extended, and a straight splint was applied to the outer side. The discharge, however, continued as profuse as ever, and after a trial of several weeks this was abandoned. It was now strongly suspected that the trouble was not of venereal origin; and in November a careful examination of the sinuses was made, the patient being under the influence of ether. It resulted in finding within the large posterior sinus a piece of bone, about the size and shape of half a chestnut. This discovery threw a flood of light upon the case, and the patient was thereupon transferred to the surgical ward. The limb was kept at rest in the extended position, and after a rest of a week the sinuses were again explored, and several small fragments removed. It was noticeable, however, that notwithstanding the withdrawal of these offending masses, the amount of the discharge did not materially lessen. February 21, a third examination was made, with a view of determining whether some portions of bone might not be lodged deep within the parts, and so situated as to have escaped previous examination. This was, indeed, the case, for lying apparently within the thyroid foramen were felt a number of roughened fragments, which had not, therefore, entered the sinuses, although doubtless instrumental in maintaining them. The fragments were removed. But it soon became evident that the condition of the patient had not been dependent, in the late stage of the disease in which he had come under observation, upon a merely local cause. He complained of wandering abdominal pains. Hectic set in, with its accompanying symptoms; he gradually sank, and died May 25. At the post-mortem examination, it was found that the innominate bones were disjointed at the symphysis pubis, and the soft parts destroyed. The abdomen was the seat of chronic peritonitis; the folds of the small intestines were agglutinated; six ounces of pus was found in the peritoneal cavity; the muscles about the pelvis were consolidated by inflammation; the bones when macerated exhibited loss of tissue along the left pubic bone and ischium to the posterior and median borders; the right pubic bone was much excavated upon the anterior surface; conspicuous osteophytes were seen upon the ascending ramus of the ischium, as well as along the horizontal rami of both pubic bones; the other organs revealed no organic change; no evidences of syphilis were detected.

It will be seen that the above case resembled, in some particulars, a case of virulent bubo. The sinuses in the groin, associated with engorged lymphatic glands, recalled a condition which, as you know, is a common one in our wards. The quantity of matter which daily escaped was much greater than is seen in an ordinary peri-adenitic bubo; nor was the pus of the same quality. We have not seen in this clinic, among the numerous examples of pus-yielding inguinal fistulae which we have studied together, any instance of fetid pus. Here, however, and, as a rule, in all examples of pus dependent upon disease of bone, fetor is a prominent characteristic. With respect to the position of the sinuses, we do not expect inguinal fistulae which are due to glandular irritation to be associated with sinuses upon the back of the thigh and the perineum. The presence of symmetrically-enlarged testicles suggested syphilitic infection. But upon this point there was no evidence, and the presence of pus on the right side of the scrotum would account for the secondary engorgement of the testicle of that side.

It is apparent, moreover, that the diagnosis of venereal disease would have been untenable after thorough exploration of the sinuses. Fistulæ, following necrosis of the pelvic bones, when situated in the perineum, have been mistaken for fistulae in ano, and the grave error has been committed of operating as for that disease.

The case before us is illustrative of the great local change which may follow upon exfoliation of the pubic and ischiatic bones. The ascending ramus of the ischium and the descending ramus of the pubic bone were involved, and the exfoliations had been separated both from the anterior and the posterior surfaces. In the great majority of cases of pelvic exfoliation, it is found that the parts which are most intimately connected with the adductor and flexor muscles of the limb are those which suffer. This localization is not without interest. The origin of many cases of pelvic necrosis can be traced directly to unusual tension of these powerful muscles, as in the acts of running, dragging nets, lifting heavy weights, etc., and the moment of reception of the injury and its exact locality are accurately determined by a sharp twinge of pain. In the absence of an account of such pain, the fact of indirect injury must remain unproved. Another important point to remember in the history of the case is the abscess which commonly ushers in non-specific necrosis. In our own case it has been seen that no history worth considering was elicited, and we were entirely dependent upon the fortuitous detection of an exfoliated portion of bone.

*Case II.*—A. W., female, aged 44, widow, admitted to the Philadelphia Hospital January 1, 1873. For three months she had complained of pain in the right iliac region. This was never severe, though subject to exacerbations. About a month prior to her admission a minute pustule formed in the iliac region, about the inner third of the ilio-pubic space, and half an inch above Poupart's ligament, which, discharging its contents, was converted into a fistula. At times an ill-defined swelling would occupy the entire iliac region, and become sensitive to pressure. At intervals of about two weeks, and with tolerable regularity, this collection would discharge itself, giving great relief to the patient, and followed by subsidence of the iliac tumor, with apparent improvement in the general condition. After one of these periodical evacuations the patient's appetite would increase, her inanner become more animated, and she would pass from a condition of depression and melancholy to one of comparative content and hopefulness. The vomiting which almost invariably preceded these discharges would stop at the same time, and on several occasions diarrhoea, which had persisted obstinately for several days, and had even threatened the patient's life, would also stop spontaneously. According to the accounts of the nurses and of the woman herself, the amount of pus discharged at these times varied from half a pint to a pint. With the exception of these occasional periods of relief, there was a steady deterioration of the general condition, with marked anaemia and emaciation. The case was first looked upon as one of iliac abscess, dependent upon a transmitted irritation from the coccyx. This, as is well known, is an occasional sequence of typhilitis. The previous history was so obscure that the probability of suppuration existing beneath the peritoneum upon the bed of the internal iliac muscle was continually present-

ing itself to us. This opinion we were compelled to modify when the periodical discharges became so noticeable a feature. The quantity of pus was altogether disproportionate to the alleged cause. It was now thought that the case might be one of necrosis of the pelvic bones, and possibly one in which a fragment of bone was lying within the pelvis and exciting the formation of pus. The patient was placed under the influence of ether, and the opening explored. The probe could be passed upward along the tract for the distance of about two inches, and downward towards Poupart's ligament. No dead bone was anywhere detected, and the nature of the case remained as doubtful as before. Fearful of complication with the cæcum, we did not feel authorized to open the tract. In our opinion, no good could possibly have followed an incision through the parietes, when there was no surety of the condition of parts beyond. The patient died April 12, 1873. At the autopsy, which was made thirty-six hours after death, the abdomen was opened by the usual crucial incision. The intestine was found to be free from adhesions, excepting the last four inches of the ileum, which were fixed by old bands of lymph to the wall of the true pelvis. The cæcum and sigmoid flexure were normal. About an ounce of healthy pus was found in the cavity of the pelvis. There was nowhere any evidence of peritonitis. The opening in the wall of the abdomen was made at the position of the fistulous orifice. A probe could be passed downward along the tract to just above Poupart's ligament, whence it passed beneath the peritoneum along the brim of the true pelvis to communicate with a large cavity lying upon the venter of the ilium. The tissues were greatly infiltrated, and the periosteum destroyed. The bone was found discolored and much roughened. No exfoliations were found. The collection had passed down within the true pelvis for a short distance, but here was not in contact with bone. The sacrum was, however, denuded at the central portion of its middle third. No pus was found along this tract; it had doubtless been recently evacuated through the opening in the abdominal walls. A second collection, however, to the left of the sacrum, was seen in position. This extended along the sheath of the psoas muscle, and contained about eight ounces of pus. It had not apparently communicated with the larger tract, nor was it at any point in contact with bone. The pelvic organs were healthy. No lesions found in other viscera.\*

In both of the above cases disease of bone can with propriety be assigned as a cause of the obscure and complicated lesions. In the first, multiple fistulæ associated with exfoliation of bone from the region of the pubic and ischiatic bones; in the second, a single fistula due to deep-seated suppuration about a necrosed surface of the innominate bone, and secondarily, we may surmise, the anterior surface of the sacrum. In both the direct causes were obscure: over-excitation of the parts involved, by powerful muscles operating within a small area, explains, it is thought, the first, but not the second, where muscular traction is not known to induce such results. The chief interest attending the disease is the difficulty of making a diagnosis; for the treatment of pelvic necrosis is in no wise different from that of the same disease in other portions of the skeleton. Occasionally when fragments of bone are deeply placed *within* the pelvis, great discretion must be exercised in removing them. If perito-

\* The writer is indebted to Drs. J. W. White and J. B. Walker for the notes of this case.

neal irritation be already excited, as was found in Case I., it is unnecessary to dwell upon the dangers arising from an exploratory operation to remove fragments which lie within the foci of greatest danger to the serous lining of the abdomen. In order to remove hidden portions of exfoliated bone which do not lie in positions accessible to instruments inserted along the sinuses, the surgeon may be compelled to make an incision remotely placed to the orifice of the fistula. In a case recorded by Syme in his "Clinical Observations," he was obliged to divide the integuments for the distance of three inches along, and a little above, the crest of the ilium, to extract an exfoliation which was found lying in the iliac fossa. In Case II. it is evident that little if anything could have been accomplished by such an incision, and we believe our patient's life was prolonged by the conservative policy we pursued.

### ORIGINAL COMMUNICATIONS.

REPORT OF A CASE OF COMPOUND COMMINUTED FRACTURE OF THE SKULL WITH EXTENSIVE LOSS OF BONY TISSUE, WITH RECOVERY; AND OF A CASE OF AMPUTATION OF BOTH LEGS FOR FROST-BITE, DEATH OCCURRING ON THE TWENTY-FIRST DAY.

BY J. FRAZER BOUGHTER, M.D., U.S.A.,

Fort A. Lincoln, Dakota Territory.

PRIVATE JOHN O'H., Sixth U. S. Infantry, aet. 37, while engaged in cutting logs in the timber near the post, on the 26th of September, 1872, was struck on the left side of the head and on the left forearm by a large cottonwood-tree falling upon him.

The accident occurred about 9 A.M.; he was brought to the post and admitted to the hospital (field\*) at 12 M.

The patient was suffering from concussion of the brain, and was in a state of profound insensibility.

Examination revealed a very extensive compound comminuted fracture of the left parietal bone, and a simple fracture of the left forearm (both bones) at the upper third, that of the ulna being very oblique. One large fragment of bone (nearly two square inches of surface) was almost entirely detached, held only by its attachment to the temporal muscle. At first sight the contused and lacerated muscle was supposed to be oozing brain-substance, discolored by dirt and blood. Washing the parts disclosed its true nature.

This fragment had been entirely detached from the dura mater, apparently without injuring it in the least, —peeled off, so to speak.

In addition, several smaller fragments of bone were removed.

Three lines of fracture, each several inches in length, radiated off from the triangular space left vacant by the removal of this fragment of bone,—one anteriorly towards the coronal, the second superiorly towards the sagittal, and the third posteriorly towards the lambdoidal suture.

The scalp was lacerated and torn in various directions.

Having ascertained that no depression of bone existed, the dirt and blood were carefully washed away, the rough and projecting edges of bone removed, the

scalp shaved, the lacerated edges brought together by sutures and ichthyocolla plaster; the large portion of the temporal muscle, which at first it would have seemed better to remove, was laid over in its place and covered with portion of the scalp.

The fracture of the forearm was dressed with splints.

Carbolic acid solution (Rx Acid. carbolic., 3ij; aquæ, 3xij. M.) used to constantly saturate the lint laid over the wound; cold applications directed to be kept constantly applied to the head (no ice being attainable, cold spring-water used).

Unable to swallow any fluids.

September 27.—Still suffering from concussion; no change in the wound; able to swallow a little beef-essence and milk.

September 28.—No change; still insensible; continues to take beef-essence and milk.

September 29.—Patient has spoken for the first time since his injury; treatment continued.

September 30.—Still about the same; ordered Rx Olei ricini 3j at 9 A.M.

October 1.—Bowels moved yesterday P.M.; consciousness slowly returning; he is rational at times, and responds when spoken to; ordered milk-punch; tea and bread allowed; treatment continued.

October 2.—Although seven days have elapsed since the patient was injured, there is an entire absence of any symptom of inflammation of the brain or its membranes. The parts are in a remarkably healthy condition.

To-day a demonstration was made against the post by the Sioux Indians, and very brisk firing maintained for some time. The dead and wounded scouts (Indians) were brought into the hospital, and, notwithstanding all the unavoidable excitement at such a time, the patient, who knew what was occurring, did not suffer from any excitement, which was very much feared.

October 3-4.—Takes nourishment well. The scalp becoming swollen and edematous over the line of fracture extending towards the sagittal suture, an incision was made several inches in length, with a free escape of healthy pus, one vessel divided requiring ligation; parts brought together with adhesive plaster, sutures making too much tension.

October 5.—Doing well this morning; speaks distinctly; a number of purpuric spots have appeared over the body.

October 6.—Improving; purpuric spots increasing.

October 7.—Applied compress and bandage to head; readjusted splints to forearm; it is extremely difficult to keep them applied, as the patient is very restless. Treatment continued.

October 8-14.—Improving; bowels now act daily; milk-punch stopped the 14th inst. Full diet allowed.

October 15-19.—Improving; parts are healing rapidly; has no pain whatever; stopped beef-essence the 19th instant.

October 20-26.—Still improving; the splints were removed this A.M. (26th inst.); the bones of the forearm show no tendency whatever to union; readjusted.

October 27-31.—Patient still gaining; treatment steadily continued.

November 1.—Moved from the tent into a room in the hospital building (still unfinished).

November 2.—Wounds of scalp healing rapidly. The carbolic acid lotion was changed to the carbolated ointment of the oxide of zinc, and earth-dressing applied to several granulations (the earth has a marked and rapid influence in removing unhealthy and profuse granulations).

November 3.—The earth-dressing has lessened the size of the granulations. Patient allowed to sit up for the first time.

November 4.—Removed splints again; the radius has

\* By this are meant hospital tents.

united with some little deformity; no union of the ends of the ulna has taken place, nor is there any evidence of the deposition of callus.

November 5.—Ordered R Tinct. ferri chloridi, gtt. x, three times daily.

November 6-16.—Improving rapidly; sits up every day. Removed a very small fragment of exfoliated bone from the wound of scalp this A.M. (16th instant).

November 17-22.—Allowed exercise in the open air to-day (22d instant).

December 2.—Removed a very small fragment of exfoliated bone.

December 26.—Removed and stopped all dressings to head, finding it entirely healed; the scalp has united and cicatrized over the large space left vacant by the loss of bone in a very perfect manner, adhesions having formed with the exposed portion of the dura mater.

February 20.—Removed splints from the forearm; no union of ulna; frictions, rubbing the ends of the fragments together, and everything save an operation, has been tried, but without any success. As the radius has united, as flexion and extension are perfect, and supination and pronation almost so, and, further, as the man has a very good and serviceable arm (though with some deformity), it is not deemed advisable, in consequence of the injury to his head, to attempt an operation for ununited fracture, which might not be a success.

This man has been recommended for a discharge from the U. S. service.

*AMPUTATION OF BOTH LEGS FOR FROST-BITE, DEATH OCCURRING ON THE TWENTY-FIRST DAY.*

Charles P., aet. 21, a citizen, engaged in wood-chopping above the post, was admitted to the post-hospital, with both his feet badly frozen, on the 23d of March, 1873.

On the afternoon of the 22d instant, with a companion, he started on a hastily constructed raft from his log cabin, which had been surrounded by water by the overflow of the Missouri and Heart Rivers. Towards evening the temperature *fell rapidly*. They pushed their way through the ice till 8 P.M., when they abandoned the raft, and started on hands and knees, crawling over the thin ice; the patient broke through, his clothing becoming thoroughly wetted; he lay all night on the ice, his feet *freezing solid* (in the morning the thermometer at the post recorded 0° (zero) Fahrenheit); the ice being firm enough to enable them to reach the shore, they walked to the post, a distance of four miles, arriving here at 6.30 A.M.

Saw patient at 7.30 A.M., March 23; found him much exhausted, *with his boots on*, and his feet in a tub of cold water, in a room in a log cabin without fire; had boots carefully cut off; found the right foot frozen stiff and solid to the ankle-joint; the left as far as the lower third of leg, the ankle-joint of this leg being immovable, the foot being somewhat everted, resembling talipes valgus.

Ordered his feet to be constantly rubbed with snow and ice-water; no fire to be made; dry clothes put on; whisky and some food administered.

After friction had been continued as above for eight hours, the parts became soft and natural, *but no warmth returned*. The ankle-joint of the left foot now permitted of some movement.

Patient now (4 P.M.) admitted to hospital. Dry frictions with red flannel continued for some time; the frozen parts painted with tinct. iodin. comp., and both feet and legs enveloped as high as the knee in cotton batting. Tea, toast, and milk allowed.

R Morph. sulph., gr.  $\frac{1}{4}$ , give at 8 P.M., and repeat in two hours if necessary.

March 24.—Slept some last night; has no pain; sensation in the feet not entirely destroyed.

10 A.M., pulse 72, temperature 99°; 8.30 P.M., pulse 90, temperature 100°. Tinct. iodin. comp. continued. March 25.—10 A.M., pulse 80; temperature 100°. 8.30 P.M., pulse 88; temperature 100.5°.

March 26.—10 A.M., pulse 84; temperature 100.5°. 8.30 P.M., pulse 86; temperature 100.5°.

March 27.—10 A.M., pulse 78; temperature 99.5°. 8.30 P.M., pulse 92; temperature 101.5°.

March 28.—10 A.M., pulse 74; temperature 99.5°. 8.30 P.M., pulse 76; temperature 100°.

March 29.—10 A.M., pulse 94, temperature 104.5°. 8.30 P.M., pulse 125; temperature 106°.

The patient is very restless; has a very high fever; had a severe chill during the morning, and vomiting. Beef-essence ordered to be taken freely.

March 30 (The clinical thermometer was accidentally broken after taking the temperature last evening).—The feet still remain cold, becoming discolored. Can feel pinching of the toes very slightly. A faint line of demarcation is declaring itself.

10 A.M., pulse 88. 8.30 P.M., pulse 100.

March 31.—Had a very severe chill at 10 A.M. Ordered R Quiniaæ sulph., gr. v, spirit. frumenti, 3ij. M., at once.

11 A.M., pulse 112. Ordered R Tinct. ferri chloridi, 3ij, quiniaæ sulph., gr. xxiv, aquæ, 3xij. M. Sig., a tablespoonful three times daily, before meals. Sherry wine, 3ij, three times daily. Continue beef-essence, milk, and toast.

The line of demarcation is becoming more evident; it is feared he will lose both his feet. 8.30 P.M., pulse 104.

April 1.—Evidence of the invasion of gangrene; the feet are becoming shrivelled and dry; a bad odor is perceptible this morning during the dressing.

10 A.M., pulse 103. 8.30 P.M., pulse 90.

March 2.—The line of demarcation is now almost established for the right foot, the parts below becoming very dark.

10 A.M., pulse 98 (very weak). Milk-punch substituted for the sherry wine, to be taken every hour. Says he cannot take the beef-essence any more, as it makes him sick.

The "earth-dressing" was applied to both feet this morning (for its deodorizing property).

8 P.M., pulse 100. Says the dressing of this morning feels better than anything he has had applied yet. *Not the slightest odor perceptible this evening.*

April 3.—Earth-dressing renewed this morning; slept well last night, and had much less pain than usual in his feet. Pulse, 8 A.M., 96. 8 P.M., 80.

April 4.—Doing well. Slept well, after taking morph. sulph., gr.  $\frac{1}{4}$ , last night. 10 A.M., pulse 104.

Renewed dressing at 6 P.M. Complains of sick stomach. 8.30 P.M., pulse 104; temperature 102.5° (obtained a clinical thermometer this afternoon). Ordered morph. sulph., gr.  $\frac{1}{4}$ , every hour till he sleeps.

April 5.—10 A.M., pulse 114; temperature 103°. Amputated right leg at lower third, and as far down as healthy tissue could be found, by the circular method. Ether used at first, but, as it did not produce complete nor rapid anaesthesia, chloroform was substituted. Lost but little blood during operation; tourniquet applied to the popliteal artery; four vessels ligated. At 2 P.M. patient removed to his bed. Pulse 120; temperature 102.5°. As the inflammatory condition of the left leg did not admit, and moreover the danger of the shock in his present condition, it was necessary to defer amputating it, although it had been intended to make a synchronous amputation.

Carbolic acid lotion applied to stump. After operation, gave morph. sulph., gr.  $\frac{1}{2}$  (2 P.M.); repeated at 6 P.M. and 8 P.M., the man not having slept any.

8 P.M., pulse 132; temperature 104°. Patient is very weak.

April 6.—All the morphia the patient had administered to him last evening failed to produce any sleep. 10 A.M., pulse 120; temperature 102°.

For breakfast this morning, had two eggs. Ordered R Hydrate chloral, gr. xv, at 10.30 A.M., and repeat in one hour, if necessary.

8 P.M.—The chloral produced no sleep. Bowels moved to-day. Pulse 116; temperature 103°. Ordered morph. sulph., gr.  $\frac{1}{2}$ , at 9 P.M., and repeat if necessary. Continue beef-essence, chicken broth, milk-punch, and milk.

April 7.—Slept a little last night. Doing well this morning. 10 A.M., pulse 108; temperature 99.5°. The stump looking swollen, loosened most of the adhesive straps to permit of free drainage.

9 P.M., pulse 120; temperature 104.5°. Very restless; face flushed; complains of pain in left thigh and groin.

April 8.—No sleep last night, notwithstanding he had taken large doses of chloral. Pulse at 10 A.M. 104; temperature 99.5°. Stump looking well; had it dressed as well as the left leg, and patient moved into a clean bed. The line of demarcation well defined in the left leg; earth-dressing still continued.

9 P.M.—Since 6 P.M. has been very restless. Pulse 136; temperature 105.2°. Complains of severe pain in both legs. R Olei ricini, 3j, at 9 P.M.; morph. sulph. during night.

April 9.—Last night the patient had gr. 1 $\frac{1}{2}$  of morphia, producing but little sleep. Oil operated. Very weak and exhausted. Pulse 140; temperature 104.5°.

9 P.M.—Complains of severe muscular spasm in both legs. Pulse 134; temperature 101.5°; respirations 20.

April 10.—Did not rest any last night, although he had gr. ijss of morphia. The edges of the skin of right stump are sloughing. Pulse 136; temperature 101.5°. Taking beef-essence and milk-punch every hour.

9 P.M., pulse 140, temperature 102.5°. Vomited during the evening. Pulv. opii, gr. ij, ordered, as the morphia has failed to produce sleep. Brandy and water substituted for the milk-punch, as the latter disagrees.

April 11.—Very weak this morning. Pulse 140; temperature 102.5°. Severe vomiting at 10 A.M. The right stump sloughing extensively; ordered a chlorinated poultice to stump. The left leg much swollen above the line of demarcation.

As the patient is becoming weaker, and as every effort to strengthen him has had no effect, notwithstanding his very unfavorable condition, it was decided to amputate the left leg, though with many misgivings as to the result. Accordingly, at 3 P.M., chloroform was administered and the amputation performed at the junction of middle and upper third, by the flap method. Very little hemorrhage. Six vessels ligated; tourniquet applied to the popliteal artery. Came out of the operation well, but very weak; gave R Quiniae sulph., gr. x, morph. sulph., gr.  $\frac{1}{2}$ , spirit. vini gallici, 3j. M.

9 P.M., pulse 150; temperature 104°. Continue beef-essence and brandy, freely.

April 12.—Slept three hours last night. 10 A.M., pulse 126; temperature 98.2°. Right stump improving; continue poultice. Left stump looking well; continue carbolic acid lotion and ice-water, freely. 9 P.M., pulse 144; temperature 100°. Very weak; has been perspiring profusely since 3 P.M.; his hands are very cold. To take brandy and beef-essence (if possible) every fifteen minutes, and R Ammoniae carb., gr. v, every two hours.

April 13.—Slept but little; constant low muttering delirium during night. Stumps looking well; poultice continued to right, and the carbolic acid lotion to left. As the bed was much soiled, it was changed this morning. 9.30 A.M., pulse 144; temperature 101.5°.

9 P.M.—Patient to-day has been very low. Temperature 102.5°; pulse 144-150. Delirium constant.

Patient died at 12.15 A.M.; at 12 o'clock had taken beef-essence and brandy.

The terrible exposure and suffering this man experienced on the night of the 22d of March was enough, almost, to cause death; and indeed it is a wonder he did not perish outright.

His condition on the 11th of April, when the left leg was amputated (pulse 150, temperature 104°), was most unfavorable for an operation; although the line of demarcation was well declared on the 8th of April, the operation was deferred till the 11th, being kept on beef-essence, milk, and brandy, in hopes that his strength would increase. Death was the result of exhaustion and passive congestion of the lungs.

The value of the earth-dressing was markedly shown in this case.

Examination of both stumps after death showed them to be in an unhealthy condition.

## TWO CASES OF GANGRENOUS ERYSPelas OF THE GENITALS.

BY ISAAC OTT, M.D.

THESE cases were observed in the practice of Dr. C. C. Field. The notes in the major part were furnished by Dr. Sine.

*Case I.*—Mr. H., Bavarian, æt. 66; nervo-sanguine temperament; muddy skin; emaciated; farmer; residence in a damp location; father died at 40, of hemorrhoids; mother at 80, of disease not known; his previous health good, except that, during this winter, his appetite was diminished; all viscera normal.

April 13.—Patient perceived, on lower side of prepuce, near the margin, a small red spot, which was attended with slight pain and warmth; at 9 P.M. was seized with chills, lasting a half-hour, alternating with flashes of heat; burning pain in prepuce.

April 15.—Præputial inflammation had extended within an inch of the pubes, here ending abruptly, but extending over anterior surface of scrotum; testes one-third larger than normal, and very sensitive to the touch; dorsal surface of penis covered with a large vesicle; penis swollen and club-shaped; pulse 80; respiration 20.

April 16.—Penis purplish-black; patient very sensitive to cold; tongue more furred; pulse 85; respiration 22.

April 17.—Aggravation of all the previous symptoms.

April 18.—Testes enormously enlarged; scrotum size of a pig's bladder, infiltrated with inflammatory liquids; of sodden appearance, and very sensitive.

April 19.—Penis dying, being of a deep purplish-black appearance; line of demarcation formed within an inch of pubes; scrotum covered with purplish spots; radiating lines of redness over groins; severe chills; typhoid state prominent; pulse 120.

April 20.—Patient restless; complains of much pain; pulse not able to be counted; conscious; inflammation extended above the umbilicus; dark-purple spots over infiltrated abdomen; blood extravasated on posterior surface of trunk; nausea, and constrictive pain about the diaphragm; unconscious for several hours preceding the death at 11 $\frac{1}{2}$  P. M.

*Case II.*—Wife of first case, æt. 52; nervous temperament; skin blanched; occupying separate room from husband; parents healthy, so far as known; seven years ago was seized with paralysis on both sides, attended with gradual loss of sight; during the last seven years has been in bed, paralytic and blind; all viscera are normal, excepting the brain.

April 15.—She used her husband's commodes; no copulation has taken place for a long time.

April 16.—There was noticed dark-purple inflammation of vulva; pulse 80; respiration 20.

April 17.—Inflammation extending.

April 18.—Pulse 90; respiration not counted; inflammation has reached the anus and groins; extravasation of blood in depending parts of trunk; complains of much pain; restless; marked typhoid state.

April 19.—Inflammation extending over lower part of abdomen; vulva much enlarged, very dark in color; pulse 130; respiration 26.

April 20.—Pulse 165; respiration 20; sighing inspiration; speechless and senseless; death at 1.45 P. M.

*Remarks.*—The treatment in these cases was supporting.

What was the origin of this disease? Was it an organic poison from without, absorbed by ruptured blood-vessels of an abraded prepuce, causing septicæmia? Did the organic poison in its proper nidus, with heat and moisture, reproduce other infectious protoplasm, which was absorbed by the vaginal mucous membrane? What are the facts in regard to septicæmia? We believe that Dr. Lance-reaux\* has proved that in man gangrenous materials can be absorbed by ruptured blood-vessels and cause septicæmia; that Davaine and Vulpian have shown that this human septic blood will produce, in lower animals, especially in rabbits, septicæmia; that it possesses a septicity infinitely greater than that of the organic material itself. All these facts seem to have a bearing on the natural evolution of the disease in the above cases, explain it as we may.

#### THUDICHUM'S DOUCHE IN A CASE OF FOREIGN BODY IN THE NOSE.

BY FREDERICK P. HENRY, M.D.

THE following simple case will serve to show the good results that may be derived from the use of Thudichum's douche in cases of foreign body in the nasal passages.

A little girl æt. 2 years, in a spirit of mischief or enterprise, had introduced a large-sized shirt-button into her nose. Becoming alarmed at what she had done, she had recourse to her mother, who attempted to remove the button with a crochet-needle.

The maternal efforts not being crowned with success, I was called to their aid. The button was there. I could perceive its edge as it lay septum-like far up in the right nasal fossa. I seized it with a pair of dissecting forceps, but it slipped from their grasp and was propelled still farther up, in the same manner as a wet cherry-stone is shot from the finger and thumb. The nose began to bleed, obscuring the view. The idea of the nasal douche occurring to my mind, I sent a messenger to my office, quite near at hand, for the apparatus.

Placing the vessel containing the water on the dining-table, and a large basin on the floor, I placed the child prone on the nurse's lap, with the face over the basin. The child resisted vigorously, but no sooner was the nose-piece put in position than the

button shot into the basin with considerable force, and glanced off to the other side of the room.

The child's cries, which were comprised in one prolonged expiratory effort, seemed to have aided the operation by raising the velum and thereby preventing escape of water into the mouth, which any one who has used the instrument on his own person knows is so liable to occur.

The impaction of foreign bodies in the nasal passages occurs almost exclusively in children, and it might be argued that the douche could not be used on account of the want of co-operation of the patient with the efforts of the surgeon. Such argument is worthless. It is just in these cases that the douche works most effectually, the whole *vis a tergo* being preserved by the complete closure of the posterior nares during the child's cries.

This is a simple measure, and, in all probability, has been often resorted to, but I have seen no mention made of such a mode of treatment for removal of foreign bodies from the nose.

#### NOTES OF HOSPITAL PRACTICE.

##### JEFFERSON MEDICAL COLLEGE.

SURGICAL CLINIC OF PROFESSOR S. D. GROSS, M.D.,  
MAY 10, 1873.

Reported by E. E. MONTGOMERY.

##### GOITRE.

THIS young woman, æt. 19, a resident of this city, comes to us with a tumor of one year's duration upon the right side of the neck. It is of large size, deeply seated beneath the sterno-mastoid muscle, of round shape and inelastic feel; and it moves up and down with the act of deglutition, a fact which shows it to be connected with the thyroid gland.

This disease consists of an enlargement of the thyroid body: either lobe, or the isthmus, may be affected; both lobes are usually the seat of the disease, but seldom in the same degree.

The tumor varies greatly in size, from the slightest enlargement to that of an adult head, reaching from the chin above to the sternum below. It usually increases in size very slowly, but at times may be rapid in its growth, as in the case before us. When of unusual size, it causes difficulty in breathing, headache, vertigo, noises in the ears, and altered voice, owing to the severe pressure to which the vessels and nerves of the neck are subjected.

The internal structure is liable to considerable variety, according to the age and progress of the tumor. When of moderate standing, it is of a soft gelatinous consistency, and emits upon section aropy, glutinous fluid; later it undergoes a sort of amyloid degeneration, and concretions sometimes appear, either alone or combined with cartilaginous and osseous formations.

In the cystic variety we have one or many cysts forming in the substance of the gland. These cysts sometimes become enormous, holding as much as fifteen to twenty ounces of a serous fluid. This variety is easily recognized by its growth, fluctuation, and its movement with the larynx. If in any case there is doubt in regard to its character, it may be easily determined by means of the exploring-needle.

The causes of this affection are unknown. It is endemic in the valleys of Switzerland, and in other parts of Europe, and exists to some extent in the mountainous

regions of our own country. Drinking of snow water has been assigned as a cause, but it is more probable that it is due to some peculiar condition of the atmosphere.

The diagnosis of this tumor is comparatively easy. Its appearance, progress, and position, together with its movement up and down with the larynx, plainly indicate its character. The only affections with which it is liable to be confounded are, aneurism of the carotid artery, varix of the internal jugular vein, cystic tumors of the neck, and enlarged lymphatic gland.

When the tumor is excessive, a part of it may project over the artery and receive pulsation from it, thus easily leading to the idea of an aneurism; but the signs of distinction are: the absence of whirring sounds, the indolent character of the growth, and the ease with which it may be pushed away from the artery when the muscles are relaxed.

Varix is very rare in this situation, occurs in the lower part of the neck, is of a bluish color, and transmits a soft, tremulous pulsation to the touch.

Cystic tumors are generally small, and move with the trachea; doubtful cases may be determined by means of the exploring-needle.

Enlargement of a lymphatic gland usually occurs in patients of a scrofulous diathesis. The history, hardness, tendency to suppurate, and connection with other enlarged glands, establish the diagnosis.

**Treatment.**—When there is any heat in the part, my usual course is to apply leeches, and afterwards to use an ointment of the biniodide of mercury, which has been found a powerful sorbafacient: this, however, should not be applied just as it is dispensed in the shops, as it is much too strong. We will take one part of the ointment to eight of simple cerate, and of this will apply a small portion to the surface of the tumor daily, it being carefully washed previously.

Internally, we should expect the best results from some preparation of iodine: therefore we shall give this patient liq. iodin. comp., gtt. x, three times daily, and at the same time admonish her to abstain from meats and live upon plain mild diet.

In the cystic variety, the resolvent treatment is useless; here our only choice is either the trocar and the subsequent injection of iodine, or, with the knife and director, carefully to cut down, layer after layer, and enucleate the cyst. Extrication of the gland has been practised, but with rather unfavorable results. Dr. Maury, of this city, has twice performed the operation, once with entire success.

When the gland is much enlarged, it must be a bold and fearless surgeon that would undertake such an operation, inasmuch as every step is accompanied with difficulties.

**SANITARY VALUE OF LIGHT.**—Professor W. A. Hammond, in *The Sanitarian* for May, argues strongly in favor of a freer admission of light to dwellings and school-rooms. After mentioning numerous illustrations of the effect of this agent upon normal and abnormal conditions of the body, he says:

"As has already been intimated, the management of the light in the sick-chamber is rarely the subject of intelligent and scientific action. In anæmia, chlorosis, phthisis, and in general all diseases characterized by deficiency of vital power, light should not be debarred. In convalescence from almost all diseases it acts, unless too intense or too long continued, as a most healthful stimulant, both to the mental and physical systems. The evil effects of keeping such patients in obscurity are frequently very decidedly shown, and cannot be too carefully guarded against by physicians. The delirium and weakness which are by no means seldom met with in convalescents kept in darkness, disappear

like magic when the rays of the sun are allowed to enter the chamber. I think I have noticed that wounds heal with greater rapidity when the solar rays are occasionally allowed to reach them, and when they are as far as possible exposed to diffused daylight, than when they are kept continually covered.

"In this country it is rarely the case that disease or injury is induced by excessive light. Occasionally, however, we meet with eye-affections due to excessive light, either coming directly from the sun, or reflected from water, snow, or sand, or resulting from the intense light of a flash of electricity passing near the individual. Bright artificial light may also cause derangement of the visual organs. A child of my acquaintance was rendered permanently amaurotic by looking intently at a bright object while her photograph was being taken.

"The practical application of these imperfect remarks is this, that care should be taken both in health and disease to insure a sufficient amount of light to the inmates of houses, and that it is impossible to rear well-formed, strong, and robust children unless attention is paid to this requirement. Sun-baths, or apartments in which the solar rays can fall upon the naked body, are doubtless highly advantageous to health, and rooms for this purpose could probably easily be constructed in or on most of our city houses. At present a chief object of city families seems to be to devise means for keeping the sunlight out of their houses. That this is contrary to nature needs no argument. The world is said to be under-fed, it is certainly under-lit as we manage it. Let us, then, to use the dying words of Humboldt, have 'Mehr Licht.'"

**CONGENITAL DEFORMITY OF THE CLAVICLE (Irish Hospital Gazette, February 15).**—Dr. Bennett said that the specimen he presented was met with in the dissecting-room, and therefore devoid of history. His attention was drawn to it by observing an enlargement of the outer end of the left clavicle, and he thought at first it was an instance of united fracture of that bone between the conoid and trapezoid ligaments, which usually give rise to bony excrescences. There was no difference in length between the two clavicles. The sternal articulation was normal. The enlargement extended as far as a sharp V-shaped ridge to the outside of the conoid tubercle. The acromial extremity of the clavicle was bifid; one termination was the normal one, and articulated naturally; the second, larger than the preceding, projected backwards outside the conoid tubercle, and articulated by a complete joint with the upper border of the spine of the scapula. This joint was separated by half an inch from the normal articulation, and extended backwards one and a half inch on the spine of the scapula. The conoid ligament was normal, but the trapezoid was greatly enlarged, and extended farther in than natural. There was a distinct articulation between the clavicle and the coracoid process (Knox's joint). In united fractures between the ligaments, bony growths extend downwards through them, so that they may even become ankylosed with the coracoid process; but in this case the ligaments were perfectly free. Dr. Bennett was not aware of any similar case, nor could he explain this excrescence by any morphological analogy. The perfect articulation showed that it was not an exostosis; he therefore regarded it as a congenital malformation. The only objection to this view was its not being symmetrical.

**ELONGATION OF THE UVULA.**—Dr. F. B. A. Lewis, in the *Boston Medical and Surgical Journal* for April 17, records the case of a farmer, at 40, in whom the snipping off of one-fourth of an inch of the elongated uvula gave immediate relief to a distressing irritative cough, which had interfered with his sleep and greatly impaired his general condition.

PHILADELPHIA  
**MEDICAL TIMES.**  
 A WEEKLY JOURNAL OF  
 MEDICAL AND SURGICAL SCIENCE.

*The Philadelphia Medical Times is an independent journal, devoted to no ends or interests whatever but those common to all who cultivate the science of medicine. Its columns are open to all those who wish to express their views on any subject coming within its legitimate sphere.*

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**EDITORIAL.**

**“OPIUM-EATING IN MASSACHUSETTS.”**

IN the London *Lancet* for April 12, there is, under the above heading, an editorial article, upon which we cannot help making a few comments. The writer says, “Some months ago we drew attention to the increasing prevalence of opium-eating on the American continent, and to the fact that the habit was assuming such proportions as to cause considerable uneasiness among the medical profession of the country. Some interesting particulars bearing on the vice may be gathered from the last annual report of the State Board of Health of Massachusetts. The Board sent out the following questions to all the medical men practising in the State: ‘Are preparations of opium used by the people except for the relief of pain? Has the injurious use of opium increased of late years?—and, if so, what is the cause of such increase?’ One hundred and twenty-five gentlemen replied to these questions, in terms which may be summed up as follows: Forty reported that they did not know of any cases of opium-eating, or that it was used for other than medicinal purposes; while the remaining eighty-five stated that the habit prevailed considerably in their various districts and localities, and was increasing in extent.”

The usual fearful array of enormous doses of various opiates is then given; but the author thinks these representations must be received with caution, since “It must be remembered that in the States the drug probably contains many matters

besides the inspissated juice of the Papaver somniferum; while the possibility of the ‘vamping’ brush having been called into requisition in collating the reports must not be lost sight of.”

He next quotes some of the assigned causes which led to the practice of habitual opium-eating, and winds up by saying, “It is difficult to devise a remedy for what threatens to become a corroding ulcer in the national life of the great Republic. It must, however, in view of the ‘smartness’ which would quickly evade legal restrictions or duties on the sale of the drug, be a moral and an educational one.”

It may have been ignorance on our part, but we really were unaware that the opium habit was increasing in this country to such an extent “as to cause considerable uneasiness among the medical profession;” and the Massachusetts State Board of Health would seem to have been less impressed by their own statistical results than the *Lancet* was; since in their last report, published in January of this year, they make no allusion whatever to the subject.

We do not know why “in the States” the supply of opium should be any more likely to be adulterated with “many matters” than elsewhere, or why our reports should be suspected of being “vamped” to a greater degree than those of other countries.

The *Lancet* is worried about opium-eating in the United States; but the drug used is probably weakened by adulteration, and the reports are exaggerated; still, the nation’s life is threatened, but the people are so incorrigibly evasive of law that the remedy must be “moral and educational.” Altogether, the mind of this sympathizing writer seems to have been somewhat befogged.

Much in the same way, in private life, have we heard a piece of scandal produced and commented on among a parcel of old ladies,—holy horror, semi-incredulity, pious good wishes, and cheapening of chances for reform,—the whole thing. It is as neat a “bit” of human nature as one often meets with.

**REVIEWING.**

ONE of our British contemporaries has recently expressed itself on the subject of the reviewing of medical books, and, by way of showing how the thing ought to be done, has proceeded to give a sort of clinic, the surgical works of Messrs. Erichsen and Bryant and of Prof. Gross filling the *rôle* of patients. Assuredly the lecturer wields a skilful pen, and demonstrates the operation effectively; but he has set us to thinking.

Reviews, like books, vary much in their style, their object, their elegance, and their truth. There are writers of reviews who think an author is fair game, to be hunted down; there are others who think him a peg upon which to hang an exhibit of their own wit and learning. Some can see only merits, or only faults; some are so influenced by the author's style that they are equally blind to his reasoning or to his want of it. Some are so far forgetful of the responsibility of their task that they allow personal feelings, friendship, animosity, or jealousy, to give tone to their criticisms.

All this is wrong. The object of the reviewer should be to give his readers a calm and dispassionate estimate of the book submitted to him, with such an idea of its general scope and drift as may enable them to judge of its bearing upon whatever branch of science it may treat. Whatever merits, and whatever defects, it may possess, should be pointed out, with neither fear nor favor. In no other way can such a verdict be given as will be sustained by the general voice. Criticism can neither make nor break the fortunes of a literary or scientific work, although it may influence them with a limited number of readers, who prefer having their minds made up for them by others. We venture to assert that no book has ever been unjustly dealt with by the profession at large; and this is the real tribunal by which it is to be judged.

## LEADING ARTICLES.

### LIFE-INSURANCE.

THE article upon "A Life-Insurance Case," in the number of this journal for May 3, opens a subject of great interest to the profession, as well as to the assured. We who have had experience in the business have seen much of the undue eagerness of agents to force unsafe risks upon the companies in order to secure their commissions; and I believe by some offices such a curious view is held, that the examining doctors, when unsalaried, are only paid for those that they pass. Could there be a greater inducement for carelessness than such an arrangement as this?

Applicants also are frequently, through ignorance, and through instructions from solicitors, led into wrong. Only to-day, a gentleman applying for insurance told me that before he had seen the physician he casually fell into a conversation with the agent about himself, and mentioned some symptoms which may have been of great or of little importance, but certainly demanding serious attention.

"Oh," said the agent, "you needn't say anything to the doctor about that." And, thus instructed, and thinking it all right, I believe he acted. In view of such facts as these,—and they are by no means of unfrequent occurrence,—how careful should the companies be in the selection of those officers whose business it is to protect both the assurers and the assured! The medical officers should be entirely independent; any attempt to influence them should be regarded as officious interference, and the agent should be punished by dismissal.

These views are founded upon others, which I hold in common with many, and which, I think, ought to govern the ruling principle in legal cases.

We all know of the long list of questions which are sent to physicians to answer after the death of one whose estate holds a policy upon his life. These questions are of more or less weight, but some of them indicate a disposition on the part of the companies to get rid, if possible, of their obligations. I have now in my possession a letter from a high officer in a company of great pretensions, asking me in reference to a man over forty years of age, and who had died of smallpox, whether he had been successfully vaccinated. I do not know whether the officer was interested in vaccination statistics or not, but it looked to me very much like an attempt at quibbling; not at all compatible with the dignity of a great company, that puts enormous figures upon its sign-boards and advertisements.

I hold that there are but two subjects of inquiry before the payment of a loss,—the *identity* and the *death*. Was this A. B. mentioned in this policy? Were you present at A. B.'s death, or have you seen his body since? If not, please refer us to some one who has seen it.

I cannot think of anything in human pursuits that is analogous to life-insurance. It is not, as is sometimes said, just like any other business. It is the only business that is founded upon absolute certainty, and that is the death of *all* the assured. In making up the tables, therefore, upon which its premiums are founded, nothing that contributes to the death-rate of a community, including margins for epidemics, has been left out. Suicide, murder, accident, rows, mania à potu, syphilis, and all the numerous and varied ills that come from man's imprudence and frailty, are included. Why, then, *having once accepted a risk*, should the assurer claim exemption from payment if the death occurs from one of the causes indicated? Has he a right to exclude what he fully included in the basis upon which he made up his risk?

"Having once accepted a risk" I italicize, and

there is the important point. The common, and universally admitted, use of the word risk in conversation and writings upon the subject of life-insurance, indicates what it really is. The death is certain; the risk is as to how and when that death will occur. Now, as human frailty is in a very great measure a producer of death, it becomes to the companies one of the elements of a risk. It cannot, in any justice, be excluded after death. How then diminish it as much as possible? Simply by excluding it as much as possible *before* taking the risk.

Let the companies have well-paid and competent medical officers. Let no medical officer be in any sense of the word a solicitor, or interested in soliciting. The medical examination should be entirely private as between the physician and applicant; and, after failing to detect any present obstacle to acceptance, should reasonable doubt arise in the mind of the examiner as to the truthfulness of the statements made to him in regard to history, habits, predisposition, occupation, etc., he should suspend judgment, and seek information from all outside sources at command. In this search he should be cheerfully aided by the officers of the company, and not impeded, as is well known to be sometimes the case, by those who are pecuniarily interested. By these means the nearest approximation to safety will be attained.

Perfection and prescience are not attainable. Examiner and applicant are alike human; but see that the first is the best you can command, and if the latter deceives him, it is part of the risk.

The happiest man of to-day may become a suicide in a year; the most temperate one may die a drunkard; the most loathsome diseases may be contracted in a night's debauch. Who is to tell? The divine power only can separate the sheep from the goats. The "selection of the fittest" is the only guide for the examiners; and for these reasons I maintain that when once a risk is underwritten the responsibility is assumed, and there is no escape.

H.

## CORRESPONDENCE.

### LONDON LETTER.

[From Our Own Correspondent.]

The Anatomical Relations of Tubercl—Debate in the Pathological Society of London—Characteristics of English Medical Debates—The Principal Speakers—Is Tubercl specific in its Anatomical Characters or its Origin?—Proposed Abolition of the Term "Tubercl"—Insufficiency of Anatomical Characters—Death of Dr. Bence Jones—of Professor Partridge—of Baron Liebig.

LONDON, April 26, 1873.

THE great discussion on the anatomical relations of tubercle initiated at the Pathological Society of London has been brought to a conclusion, after three sittings,

the whole of which were devoted to it. It has extended over so wide a field, and has occupied so many different parts of the field, of pathological and clinical observation, that it is quite impossible to present an intelligible summary of it within the space of a letter, and I can only refer to a few points of interest in connection with it. The whole debate, however, will, I believe, appear very shortly in a verbatim report which is about to be published in pamphlet form, and I dare say it will find its way to your side of the Atlantic, so that those of your readers who are sufficiently interested in the subject to desire to read what are the opinions of the leading authorities in this country on existing doctrines of tubercle will easily be able to do so in the words of the respective speakers.

The leading speakers have been Dr. Wilson Fox, the Professor of Pathology in University College; Dr. Charlton Bastian, F.R.S., of the same college; Dr. J. H. Green, of Charing Cross Hospital; the veteran Dr. C. J. B. Williams, Dr. Lionel Beale, Dr. Cayley of Middlesex Hospital, Dr. Payne of St. Thomas's, and Dr. Moxon of Guy's. These are the flower of our pathological schools, and they have drawn crowded houses every night. At first it was proposed to impose arbitrary limits of time; for the ordinary rule of the Pathological Society is that no speaker is allowed more than ten minutes, or, at most, twenty minutes; and the latter limit is usually very rigidly observed. But on this occasion, in deference to the strong opinion of the members unofficially or semi-officially expressed through a leading medical journal, the rule was suspended; and, although the speakers on this almost interminable subject were besought to observe brevity to the utmost of their power, no limits were imposed. The whole tendency of our English societies is, however, to discourage orations; there is always observable a nervous desire to avoid oratory on the part of the speakers, and a great impatience of anything approaching to it among the auditors. Short, dry statements of unadorned facts and arguments are what is expected, and nothing else is tolerated. Hence we have not among us more than two or three orators; and these are always careful to repress their capabilities in speaking at the medical societies, and only display their powers elsewhere. Sir James Paget is a born orator; so are Sir Thomas Watson and Sir William Gull and Mr. Savory; but they are rarely heard at the societies in more than a few sentences, delivered in a studiously subdued monotone and with a deliberately passive manner which excludes all gesture. When occasionally a foreign orator, such as M. Ricord or Demarquay, or M. Labbé (recently), has addressed English meetings of medical men, as at the last meeting of the British Medical Association, it has been curious to observe the half-startled, half-amused expression of their listeners, as they poured forth their orations with animated gestures, in high-pitched notes, and with the artifices of interrogation, response, protest, sarcasm, and voluble argument which belong to the trained speaker who expects his auditors to follow him by the hour together.

The habits of a lifetime are not easily overcome; and hence in this set debate, in which something of oratorical grace would neither have been ill placed nor unpleasing, there was very little of the kind to relieve the dryness of a very abstruse discussion. It was thoroughly English in its sobriety, earnestness, and solidity,—and also in its dulness. But nevertheless the audience felt that they were being instructed; no one was speaking for effect, or attempting to cover thinness of matter by volubility of manner, and they were well satisfied. Sir William Jenner, the president, shrank from the task of summing up the far-reaching debate; and I may hardly be expected to attempt what he felt to be beyond his critical powers. The various journals have essayed it; but, as each of their summaries extends to eight or ten columns, their example is not encouraging. Perhaps the most available is that in the *Medical Times* of April 20. The writer says, "This much in the discussion was patent to all. In the lungs of children dying of acute tuberculosis are to be found certain changes which may be taken as typical in all important respects of the changes of the same organs in phthisis. These changes consist in the development of cells of an epithelial and lymphatic type, with a greater or less tendency to fibrillation, and after the death of the cells to caseation. Is this tubercle? Is it specific or characteristic? What is its etiology? and is it the only essential change in a phthisical lung?"

Some denied the specific nature of tubercle altogether, and others said it was specific as regards its life-history, but that there was no characteristic structure whereby it could be recognized; others still concerned themselves in discussing words and definitions. Some went so far as to propose to do away with the name tubercle altogether: how many would bless them if they could as easily do away with the thing to which the name is commonly applied! An attempt was made to elevate the existence or absence of 'giant cells' into an important criterion of the structure of miliary tubercle, but it was not generally adopted. Undoubtedly such do exist; but their exact meaning is yet far from clear. Another question which arose was, how far we were justified in extending the term tubercle to the infiltrations sometimes found along with the small gray granulations. Well, if there is no perceptible difference in structure between the two,—if the one merges insensibly into the other,—it is hardly possible to refuse the same name to both, even although there exists a tendency to aggregation in small nodules in the one which is not seen in the other. But perhaps the most important part of the discussion was, whether the growth called tubercle was specific or the result of ordinary inflammatory changes. All seemed to admit that the process ordinarily called inflammation had something to do with the production of the changes seen in phthisis; but most seemed to think also that the process called tuberculosis, ending in the production of a distinct growth, had more. Had, then, this tubercular growth any origin apart from the origin of the inflammation? Was any specific irritation necessary to set it up? or was

it only a question of degree, whether the large- or small-celled growth was the result? Most seemed to think that some such specific cause was necessary, but were not inclined to say wherein it consisted, though some thought it could act both locally and from a distance. Some seemed to think that caseous matter was the source of infection; but others, again, that in certain imperfect constitutions any irritations might give rise to the peculiar growth they called tubercle."

In the absence of any summing up, these questions cannot be considered to have been decided; but the general result of the discussion has been, I think, to produce the opinion that Dr. Bastian is right in advocating the disuse of the word "tubercle," inasmuch as "there is no anatomical structure which can be fitly established, under the name of tubercle, as the proper basis of phthisis in every kind." Miliary deposits are looked upon as, and indeed shown both by Bastian and Green to be, merely the results of an infective process; and the giant cells of Schüppel which have been investigated, and even shown by Bastian and Cayley, are believed to be not more characteristic, but rather to be the result of chronic indurative inflammation in tissues intimately connected with the lymphatic system.

Dr. Anstie, who writes the *Lancet* articles on the subject, while admitting as the result of the debate that the word "tubercle" ought to disappear from pathological nomenclature, doubts whether "granulie" proposed by Bastian (after Empis) ought not to be employed as synonymous with "tuberculosis" to express simply the important clinical facts which are bound up in the acute febrile disease attended with greater or less diffusion of granular deposits, including, nearly always, granulations (usually fatal) of the cerebral meninges. Dr. Aufrecht has just issued a monograph in which he seems to employ it;\* and, patronized by active workers in France, Germany, and England, it is likely to come into favor.

No doubt also the discussion has tended to show that merely histological investigations do not suffice to differentiate "tubercle" as a disease from other diseases, and that, altering our pathological views, we must rely more than has been the tendency of late years upon clinical lines of distinction. On the whole, I think this debate will be found extremely interesting to pathologists and physicians generally, and not unworthy of the reputation of the Pathological Society of London.

I fear I have left myself little room to advert to any other topics in this letter. We have, I may however mention, had to deplore the death of Dr. Bence Jones, F.R.S., well known as a highly eminent physician of the chemical and philosophical school in connection with the study of diseases of the kidneys and digestive organs. Married to a lady of title and fortune, early achieving the position of senior physician of St. George's Hospital, the pupil of Liebig, friend and biographer of Faraday, and Honorary Secretary to the Royal Institution of Great Britain, he filled a large and useful place in the promotion of biological science, both

\* Die chronische Broncho-pneumonie (Lungenschwindsucht) und die Granulie (Tuberculose). Eine Skizze. Von Dr. E. Aufrecht.

by his example and influence; and his death, from heart-disease, is greatly regretted.

Mr. Partridge, the senior surgeon of King's College Hospital, and late President of the College of Surgeons, is also dead. He came prominently before the public many years ago as having conceived just suspicions and effected the arrest and conviction of Burke and Hare, the famous "resurrectionists," who had supplied the medical schools of London with many hundreds of subjects for dissection, and brought to King's College the body of an Italian street-beggar who displayed for pence a few white mice. This lad they had murdered; and when they were apprehended and about to be tried on rather defective evidence, Mr. Partridge succeeded in obtaining an important circumstantial piece of testimony by suggesting that a trap should be set in their room, in which, accordingly, the white mice belonging to their victim were presently caught. He was also rather unfortunately prominent a few years since as having been summoned to the aid of Garibaldi when wounded at Aspromonte, and having failed to detect the bullet which Nélaton afterwards found lodged in the bones of the ankle, diagnosing its presence by the aid of the famous porcelain probe.

The death of Baron von Liebig is announced here; and, as the great chemist was a frequent visitor to this country, and published here many of his papers on chemical and industrial subjects, and was much respected, many warm tributes of friendship and esteem are published in the daily papers as well as in the chemical and medical publications. His last addition to our food-resources is so popular here that it is common enough to hear a person invited to drink a cup of "Liebig," by which is meant a cup of beef-tea made with his extract of meat, or to hear of soups and sauces made with "Liebig."

I fear neither Mr. Partridge nor Baron Liebig died wealthy. Mr. Partridge, although enjoying very high official positions, had not for many years possessed a lucrative practice. Recently he was President of the Royal Medical and Chirurgical Society, the senior medical society of this country, and, in accordance with the annual practice, issued cards for a full-dress dinner to the Council. A week after their issue, however, the dinner was "unavoidably postponed," and it was never given. This caused some little gossip at the time; but I believe Mr. Partridge leaves now only a very few hundred pounds. It is sad to see how many eminent men have, or think they have, to spend nearly the whole of their income in "keeping up their position," and how often their later years are ill provided for.

ST. LOUIS, May 9, 1873.

TO THE EDITOR OF THE PHILADELPHIA MEDICAL TIMES:

DEAR SIR:—The newspaper reports of the doings of the American Medical Association are so full as to require little to be said on my part. I shall therefore merely give you the impressions made by the convention which has just adjourned. It seemed to be the

universal regret among the profession here that the Association chose to convene at St. Louis at a time when the city was in a condition to display itself to the least advantage. The small number and crowded condition of her hospitals, the unsettled state of her medical societies, rendered the profession fearful lest the impression might be conveyed that she had fallen back in the onward march towards the establishment of a more thorough change in the advancement of the study of medical science. Far from this being the case, everything has been done to place St. Louis foremost among the medical centres of the country. Large hospitals are being erected, and plans are proposed to attach them to the colleges for the purpose of furthering clinical instruction. The kind reception met with by the delegates from the profession proved the fact that whether the meetings of the Association have a tendency to promote the advancement of medical science to any degree or not, they certainly are of great utility by drawing together the medical men from all parts of the Union, encouraging the free interchange of opinion, and bringing the profession before the public as a body of learning and intelligence.

I am safe in saying that, so far as I can determine, the feeling among the delegates was that little if any apparent scientific advancement was accomplished during the convention. True it is that a foundation has now been laid, upon which the Association may rest in future more firmly. The formation of a judicial body, as you will see by the report, was certainly a desideratum, and the referring of miscellaneous matters to appropriate sections rendered the sessions far more useful. The five sections were as follows: Surgery; Practice of Medicine and Obstetrics; Psychology and Medical Jurisprudence; Chemistry and Materia Medica; Climatology and Public Hygiene. The sections seemed to accomplish little; their sittings were nearly always characterized by a lack of energy and interest on the part of the few members in attendance. So obvious was this on the second day that attention was called to it at the public meeting of the Association on the following morning. The surgical section was the most largely attended; as for the one on chemistry and materia medica, owing to the small attendance, it was often difficult to find. A subject for general remark was the non-attendance of many members, whose position renders them prominent in the Association, from Philadelphia and New York. Was it, it was asked, that the Association was being abandoned by its older members, or were these men gradually alienating themselves from an active part in the proceedings, and substituting strangers in their stead, at a time when of all others they were most needed?

The attendance was quite large, over four hundred delegates being registered by the evening of the first day. The meetings of the Association, which were held in the mornings, were characterized by a cordiality among the members, and a freedom from violent discussion, which rendered them better able to dispose of the subjects which came up for their consideration. It

seemed really as if the meetings of that staid and deliberate body were for the purpose of giving the delegates a frolic,—of relieving them for a few hours from the toils of their professional work. As far as that was concerned, the twenty-fourth annual convention was decidedly a success.

The Association of Medical Editors, which convened on Monday evening, was addressed by Dr. Parvin. The entire address, published two days after, I send you. The meeting was very poorly attended, about fifteen gentlemen only being present. The committee on prizes being absent, the distribution of the awards for the best essay was deferred.

Very respectfully yours, K.

### PROCEEDINGS OF SOCIETIES.

#### MEDICAL SOCIETY OF THE COUNTY OF ALBANY, NEW YORK.

SEMI-MONTHLY MEETING, April 23, 1873.

Reported by JAMES S. BAILEY, M.D.

DR. ALBERT VAN DER VEER, PRESIDENT, in the chair.

##### PHLEGMASIA DOLENS.

DR. A. P. TEN EYCK addressed the Society upon this subject. He remarked that it was comparatively a rare disease, most commonly confined to parturient women, though unmarried females and males were sometimes thus afflicted, and referred to two cases mentioned in Druitt's Surgery where it occurred in men. He was of the opinion that, as it so seldom attacked the male sex, it should be classed as a disease peculiar to females.

It was explained as being an inflammation of the femoral vein, produced by the various influences incident to childbirth, as the unskillful use of instruments, too early getting up, cold, etc. It frequently occurs without apparent cause, as illustrated by a case about to be mentioned. The pathological state has been differently described by writers: the older authors supposed the tumefaction was due to milk deposited in the affected limb, which idea gave rise to the name of milk-leg; but, now that its true nature is better understood, these names have been abandoned, and the name phlegmasia alba dolens adopted.

Dr. TEN EYCK remarked that the affected leg had a peculiar milky-white appearance, and the lacteal secretion, however copious before the attack, is afterwards diminished or entirely abated. These facts might well justify the name milk-leg, which has been adopted in unprofessional as well as in professional parlance.

Mrs. R., at 24, of medium size and fair complexion and inheriting a good constitution, married, became pregnant, and aborted during the third month from a severe fall. In eight months more she again conceived, and went on to full term before confinement, when she was delivered of a large-sized child without offering any obstacle to a safe and easy delivery. No untoward symptoms presented after confinement. The next day she complained of headache, which continued more or less for the next two weeks, the lacteal secretion being rather scanty; the lochial discharge was normal.

Thirteen days after delivery she complained of pain in the left groin and hip and in the calf of the leg. There was no chill or any symptom of fever preceding this pain. The pain grew severe, the patient became restless, appetite impaired, tongue slightly coated, pulse

120, and in seven days more the limb was much swollen. The pain, swelling, and pulse continued to increase; the lacteal secretion diminished, but the lochia remained about the same.

Upon the thirteenth day all of the symptoms were aggravated, pulse 140, pain excruciating, swelling enormous from the ends of the toes up to the body, and even the abdomen was enlarged and tender. The labium majus on the affected side was swollen so much as to render micturition difficult. The limb had the characteristic tense shining-white appearance of the disease, and the femoral vein could be felt under the finger like a whipcord. The bowels were but slightly constipated, skin moist, and the tongue but slightly coated. On the twenty-sixth day the lacteal secretion was entirely suppressed, and the pulse still continued 140.

In a little more than a month there was an abatement of the symptoms, with a diminution of the pulse and swelling, which gave encouragement of recovery; but his improvement was only deceptive, for in eight hours more the pulse rose to 160, with great increase of pain, but on examination the first limb attacked was nearly of normal size, but the other was enormously swollen; the labium on this side was now swollen as had been its fellow, and the same inconvenience in urinating followed. In the track of the femoral vein some portions assumed a livid hue, and the doctor feared that a sphacelous condition would ensue. After a few days these threatening symptoms passed away, and the case progressed in a favorable manner; but the pulse never fell below 130 until three months after the attack. About this time an eruption resembling that of smallpox made its appearance. Between the pustules the limb was scarlet. This condition lasted two weeks; both limbs were covered with the eruption. In the course of four months she was sufficiently recovered to walk across the room without support.

Dr. TEN EYCK then referred to the treatment, after making mention of the treatment of others as published in medical journals. He remarked that in his case he supported the system and administered anodynes to relieve pain. Iron and quinine were used as a tonic; the bowels were occasionally regulated with Seidlitz powders. As local applications he used a weak solution of carbolic acid, applied hot, to the first limb affected, but to the second limb attacked he used thirty grains of sulph. ferri to the ounce of water, as hot as could be borne to the limb, it being bandaged from the body to the toes. This seemed to give better satisfaction and to give more relief than any thing else, the only objection to its application being its permanent stain to the clothing.

Dr. JAMES S. BAILEY said that he had seen an unusual number of cases of this disease, and that four cases had occurred in his own practice, in the first seventy-five cases of midwifery that he had attended, in the year 1871. In three cases it only appeared in one leg; in one case in both legs, first one and then in the other: one of the women was a primipara, the other three multiparae. The woman in whom it occurred in both limbs was delivered of twins. She died in the course of three months, from exhaustion. He regretted that he could not obtain the consent of the friends to a post-mortem examination.

The plan of treatment adopted was to support the system, keep the bowels regulated, give anodynes to relieve pain and procure rest, and to wrap the affected limb in flannel cloths wrung out of hot water and applied as warm as could be borne, and this dressing covered with oiled silk. These applications were continued until all signs of inflammation had subsided.

Dr. S. H. FREEMAN remarked that he had occasionally in his practice met with cases in females of lymphatic temperaments with light complexions, and had used

spirits of turpentine freely, but with care, to the affected member. In one case, occurring not long since, the nurse had used it rather lavishly, and it had produced vesication, after which he had wrapped the limb in cotton batting and covered this with oiled silk. The case did well, and recovered in three weeks.

Dr. F. C. CURTIS said that Prof. Thomas, of New York, recommended a vesicant along the course of the vein, at one side of it.

Dr. E. H. DAVIS said that he was much pleased with the paper just read, and regarded the subject of phlegmasia dolens as well worthy of the consideration of the Society. He had seen quite a number of cases, and had observed its onset, course, and termination; was not prepared to say that it is or is not a disease of the femoral vein; but, with his views of what constitutes phlebitis, he did not think that inflammation of the femoral vein was the exclusive cause of the disease, but was inclined to the opinion that the inflammation involved the veins, lymphatics, muscles, and cellular tissue; but regards its pathology as still unsettled. The treatment depended upon the general condition of the system. In case of plethora and fulness, with violent inflammatory symptoms, he would not hesitate to bleed; but, in an opposite condition of the system, quinine, with other tonics, might be early necessary. The local application of the hot infusion of hops had been found very serviceable in his practice, followed later by stimulating embrocations.

(To be continued.)

## OBITUARY.

WAR DEPARTMENT, SURGEON-GENERAL'S OFFICE,  
WASHINGTON, May 5, 1873.

THE Surgeon-General announces with regret to the Medical Corps the death of one of its senior members, Surgeon and Brevet Brigadier-General Madison Mills, which occurred at Fort Columbus, New York Harbor, on the 28th of April.

Receiving his commission as Assistant Surgeon, U.S.A., in April, 1834, Surgeon Mills's service extended over a period of thirty-nine years, during which it was his fortune to take part in the Florida war, the war with Mexico, the Utah Expedition of 1858 (as Medical Director), and the war of the Rebellion. He was Medical Director of the Department of Tennessee (General Grant's Army) at the time of the siege and surrender of Vicksburg, and in December, 1864, was appointed Medical Inspector General, the duties of which position he discharged most satisfactorily. In November, 1864, the brevets of Lieutenant-Colonel and Colonel, and in April, 1865, that of Brigadier-General, were conferred upon him for faithful and meritorious services.

Possessed of unflinching determination and courage, and guided by professional abilities of a high order, his administration of the trusts confided to him was marked by a prompt efficiency and sound judgment that secured successful results, even under the most adverse circumstances.

J. K. BARNES,  
Surgeon-General, U. S. Army.

ELIMINATION OF SALTS OF MERCURY.—M. Byasson is quoted in *Le Mouvement Médical* for March 22 as announcing the following conclusions: The bichloride of mercury taken by the mouth may be detected in the urine about two hours afterwards; it appears in the saliva about four hours after its ingestion. It has not been found in the sweat. Twenty-four hours after the swallowing of a dose of this article, it may be considered as eliminated.

## GLEANINGS FROM OUR EXCHANGES.

Dr. STIFF (*Boston Medical and Surgical Journal*, April 10; from *Correspondenz-Blatt der deut. Gesell. f. Psychi. u. gerichtlich. Psychol.*, 1872, 11 and 12) mentions a species of optical illusion of which he was the subject during an attack of scarlatina. He saw hunts, numberless wild beasts, followed by as numberless packs of hounds; behind these, innumerable huntsmen; soon again, great masses of troops falling upon one another; at another time processions, herds of slaves, masses of people, etc. Most remarkable, however, was the mode in which these masses were grouped and moved. They arose from two sides and approached, or rather two columns advanced from the same side to meet in the middle, where was an undistinguishable confusion. These phenomena were visible with the eyes shut, and in a dark room. In the light they disappeared. The fashion of the appearance corresponded so exactly to the course of the large vessels of the retina, that he concluded it must be owing to the blood flowing through the veins, and that the sight of the various figures was dependent upon the impression made by the blood-corpuscles moving through the veins to the papilla, where was the confusion of all forms. He questions whether the phenomena seen during delirium tremens may not sometimes be of this nature.

THE THIRD INTERNATIONAL MEDICAL CONGRESS, TO BE HELD IN VIENNA (*Wiener Med. Presse*, April 13, 1873).—The Third International Medical Congress will be under the protectorate of his Royal Highness the Archduke Rainer.

I. The Congress is to assemble in Vienna, during the "World's Fair" in that city, and will remain in session from the 1st to the 8th of September, 1873.

II. Members of the Congress are: 1. Members of the Executive Committee already appointed to make preparations for the Congress. 2. Delegates from governments or from scientific corporations,—universities, academies, medical societies, and hospitals. 3. All physicians and scientific men who announce themselves before the day of the opening of the session as prepared to take part in the Congress.

III. There will be no tax levied upon the members in the Third International Congress.

IV. The sittings of the Congress are to be public. The Executive Committee and the medical societies of Vienna will attend to arranging the members into departments devoted to special scientific subjects.

V. All the members of the Congress have a right to discussion, and a vote.

VI. The programme of the various sittings is—*a*. Reading of the order of exercises prepared for the Congress by the Executive Committee; *b*. Consideration of questions handed in before the 15th of August, and arranged for given sittings of the Congress.

VII. The questions and points of consideration prepared by the Executive Committee are as follows: *a*. The vaccination question; *b*. The question of quarantine in respect to cholera; *c*. The prostitution question; *d*. Sanitary management of cities; *e*. Propositions for an international pharmacopœia; *f*. Propositions relative to an introduction of a greater conformity in the study of medicine in all countries, and a corresponding right to emigrate and practise where one desires.

VIII. The programme thus decided upon will be distributed to various sub-committees, who shall introduce the subjects with suitable reports.

IX. The president of the Executive Committee is to preside at the first and last sitting of the Congress. At the first sitting the members shall choose chairmen for the remaining sittings of the Congress. The bureau of

the various sittings and for the Congress in general is formed by the members of the Executive Committee.

X. Voting upon scientific questions, as such, shall not occur, but only upon propositions which have for an object the influence of the Congress upon regulations and rules of government in important general sanitary measures.

XI. All voting upon questions proposed by the programme, and all elections, shall be by ballot.

XII. The language used in the Third International Medical Congress shall be the German; yet other languages will be allowed. The communications from the Executive Committee shall be in German, accompanied by French, English, and Italian translations. The same holds good for the publication of the various acts of the Congress.

XIII. In the sitting preceding the last, the place for the meeting of the Fourth International Medical Congress will be decided, and the Executive Committee for it appointed.

XIV. The proceedings of the Congress are to be subsequently published and sent to the members.

VIENNA, March 1, 1873.

ORDER OF BUSINESS FOR THE THIRD INTERNATIONAL MEDICAL CONGRESS, TO BE HELD IN VIENNA (*Wiener Med. Presse*, April 13, 1873).

1. The sittings of the Congress shall occur daily (Sunday excepted), in the forenoon, from 9 until 1 o'clock.

2. Each member shall receive a printed programme of business, a number of ballots containing his own name, and one ballot for each question to come before the Congress:

a. For the choice of presidents for the single sittings.  
b. For the choice of place for the Fourth Congress.

c. For every question introduced by the programme of the Executive Committee. Sec. XI. of the statutes.

3. The results of each vote will be collected, so as to make known the vote of each delegate.

4. Communications are to be heard only when made by the author. Communications sent to the Congress are to be read in a special session appointed for that purpose, and copies distributed to the members, if copies are sent to the Congress by the authors.

5. No speaker may occupy more than fifteen minutes, unless specially allowed by the meeting.

6. During the session of the Congress the executive will publish a daily announcement of subjects of interest to the members, and this shall be distributed among the members.

7. The protocol of the Congress will contain only those papers, in part or in whole, which have been handed to the General Secretary in a proper shape.

8. The collection and publication of the official report of the transactions of the Third International Medical Congress is the duty of the General Secretary.

VIENNA, March 1, 1873.

POSITIONS FOR CATHETERISM.—Mr. Teevan, Surgeon to West London and St. Peter's Hospitals, says, in the London *Lancet* for February 15, 1873, that the sitting position is best for the surgeon and the standing best for the patient. The following are some of his reasons:

"However prolonged the operation may be, the surgeon will not become fatigued. . . . It is the one position in which he enjoys the maximum amount of mobility with the minimum of power, and is therefore the one position in which he is least likely to make a false passage. . . . If the surgeon adopts the sitting position, I feel convinced that he will, in the long run, prove a far more successful operator than one who stands, and that he will often succeed where the latter has failed."

In the patient, "what we desire is fixity, and we shall

best achieve this object by placing him upright against the wall and stretching his penis horizontally forwards. So situated, we have at last obtained all that can be desired; for the urethra, instrument, and direction of force are all in the same horizontal and vertical plane, and our axis of vision will nearly correspond. Thus, therefore, we shall be able to impress on the point of the catheter, when lost to view, any direction we may desire it to seek, and our operation will no longer be an exhibition of blind and unguided force, but a successful demonstration of applied skill."

## MISCELLANY.

GERMAN STUDENTS IN THE LATE WAR.—An interesting work has just been published at Leipsic, giving an account, by a German student, of the part taken by members of the different German universities in the late war, of the services performed by those of the medical profession under the red cross, and biographical notices of 248 students and 4 professors who fell in action. The University of Leipsic suffered the greatest loss,—63 members in all. The losses of the other universities were as follows: Berlin, 30; Göttingen, 23; Munich, 21; Halle, 19; Heidelberg and Jena, each 13; Breslau, 11; Bonn, 9; Tübingen, 8; Rostock, 6; Greifswald, Kiel, Königsberg, and Würzburg, each 5; Marburg, 4; Giessen, 3; Freiburg and Münster, each 2; Erlangen, 1. Out of the 13,765 German students matriculated in the summer term of 1870, 4510—that is, a third—went through the campaign, about 3500 of whom were in the ranks, and 1000 attached to the ambulances. Out of 1505 university professors, 15 were under arms, 253 devoted themselves to the care of the sick and wounded, and 120 worked for the national cause by speech and pen.

THREE journals devoted to sanitary matters have recently been started. Of these *The Sanitarian*, published in New York, under the editorship of Dr. A. N. Bell, is the most promising. There is certainly much need for the discussion of these subjects; but perhaps the end would be as completely answered by publications in journals devoted to the general interests of medical science.

INTERNATIONAL COMPLIMENT.—Last winter Dr. Ac-  
land, F.R.S., LL.D., Regius Professor of Medicine in the University of Oxford, and honorary physician of the Prince of Wales, was elected a member of the American Philosophical Society of this city; and recently a similar compliment was conferred upon him by the Academy of Medicine of New York.

SURGEON-GENERAL BARNES, of the United States army, was recently one of three nominees for a vacant corresponding membership in the Paris Academy of Medicine. The ballot, however, resulted in the election of Mr. Prescott Hewett, a British surgeon of eminence.

AT a late meeting of the Obstetrical Society of London, Drs. Fordyce Barker and T. Gaillard Thomas, of New York, were elected Honorary Fellows of the Society.

## NOTES AND QUERIES.

"EAR-COUGH."—"Ear-cough," so named by Dr. C. B. Fox, of Scarborough, England, is caused by irritation applied to the external auditory meatus. This irritation is most probably communicated through the auricular branch of the pneumogastric nerve to the lungs, and hence the cough.

I have under observation several cases of this cough in patients affected with chronic catarrh and adhesions in the middle ear. In two cases the irritation can be produced only through one ear. In a case where I performed paracentesis of the membrana tympani through a cicatrix in the posterior portion of the membrane, severe "ear-cough" was excited, and lasted five minutes. This was the only unpleasant symptom caused by the operation, there being no bleeding nor pain. If "ear-cough" is created by excitation of the pneumogastric nerve (Romberg and Toynbee), a cough may also be excited in the same person, who, without doubt, possesses a peculiar susceptibility to irritation of the pneumogastric nerve, and consequent coughing, by the administration of quinine, as in Dr. J. Solis Cohen's case (*Philadelphia Medical Times*, No. 79, 1873). This fact, related by Dr. Cohen, would seem to indicate that "ear-cough" is caused by an irritation of the pneumogastric nerve, rather than by "a sympathetic communication between the larynx and the ear by means of the auriculo-temporal branch of the fifth cranial nerve" (C. B. Fox), since a cough "exactly similar to the 'ear-cough'" was induced by the administration of quinine, which, without doubt, irritated the vagus.

CHARLES H. BURNETT.

## BOOKS AND PAMPHLETS RECEIVED.

Conium in the Treatment of Insanity. By Daniel H. Kitchen, M.D., Assistant Physician of the New York State Lunatic Asylum. (From the *American Journal of Insanity* for April, 1873.) 8vo, pp. 24.

Civil Malpractice. A Report presented to the Military Tract Medical Society at its Fifteenth Semi-annual Meeting, January 14, 1873. By M. A. McClelland, M.D. 8vo, pp. 74. Chicago, W. B. Keen, Cooke & Co., 1873.

Mineral Springs of North America; how to reach, and how to use them. By J. J. Moorman, M.D., Physician to the White Sulphur Springs, etc., etc. Crown 8vo, pp. 295. Philadelphia, J. B. Lippincott & Co., 1873.

A Treatise on the Principles and Practice of Medicine; designed for the Use of Practitioners and Students of Medicine. By Austin Flint, M.D., etc. Fourth Edition, Carefully Revised. 8vo, pp. 1070. Philadelphia, Henry C. Lea, 1873.

The Passions in their Relations to Health and Diseases. Translated from the French of Dr. X. Bourgeois, Laureate of the Academy of Medicine of Paris, etc., by Howard F. Damon, A.M., M.D. Small 8vo, pp. 201. Boston, James Campbell, 1873.

## OFFICIAL LIST

OF CHANGES OF STATIONS AND DUTIES OF OFFICERS OF THE MEDICAL DEPARTMENT U.S. ARMY, FROM MAY 6, 1873, TO MAY 12, 1873, INCLUSIVE.

MILHAU, J. J., SURGEON.—Relieved from duty in Department of the South, and assigned to duty as Post Surgeon at Fort Columbus, New York Harbor. S. O. 94, A. G. O., May 7, 1873.

ALDRN, C. H., SURGEON.—When relieved by Assistant-Surgeon White, to avail himself of the leave of absence granted in S. O. 56, c. s., A. G. O. S. O. 52, Department of the Lakes, May 6, 1873.

KNICKERBOCKER, B., ASSISTANT-SURGEON.—Relieved from duty in Department of the South, and to report in person to the Commanding General Department of the Columbia, for assignment to duty. S. O. 94, c. s., A. G. O.

WHITE, R. H., ASSISTANT-SURGEON.—Assigned to duty at Fort Porter, N.Y. S. O. 52, c. s., Department of the Lakes.

WILSON, W. J., ASSISTANT-SURGEON.—Granted leave of absence for thirty days on Surgeon's Certificate of Disability. S. O. 66, Department of the Missouri, May 4, 1873.

KING, J. H. T., ASSISTANT-SURGEON.—Assigned to duty at Fort Brady, Michigan. S. O. 53, Department of the Lakes, May 9, 1873.

## WEEKLY RETURN OF DEATHS AND INTERMENTS IN PHILADELPHIA FOR THE WEEK ENDING SATURDAY, MAY 10, 1873.

DISEASES.	Adults.		DISEASES.	Adults.	
	Minors.	Minors.		Minors.	Minors.
Abscess.....	1	..	Fistula in Ano.....	1	..
Albuminuria.....	1	..	Fracture of the Pelvis.....	1	..
Apoplexy.....	9	..	" " Thigh.....	1	..
Asphyxia.....	..	1	Gangrene.....	1	..
Burns and Scalds.....	..	1	Hemorrhage.....	..	1
Cancer.....	1	..	Hernia.....	1	..
" of Stomach.....	2	..	Hooping Cough.....	..	2
" Uterus.....	1	..	Inanition.....	1	10
Casualties.....	1	..	Inflammation of Brain.....	2	10
Cerebro-Spinal Meningitis.....	2	8	" Bronchi.....	2	..
Child-Bed.....	1	..	" Heart.....	1	..
Cholera Infantum.....	..	5	" Kidneys.....	1	..
Compression of the Brain.....	2	..	" Larynx.....	..	2
Concussion of the Brain.....	1	..	" Liver.....	1	1
Congestion of Brain.....	7	7	" Lungs.....	16	10
" Lungs.....	3	..	" Peritone.....	..	..
Consumption of Lungs.....	34	6	" um.....	5	..
Convulsions.....	..	15	" Pleura.....	2	..
Croup.....	..	1	" Stomach & Bowels.....	2	1
Cyanosis.....	..	2	Intemperance.....	2	..
Debauch.....	1	..	" Jaundice.....	2	..
Debility.....	10	6	" Leucocytæmia.....	1	..
Diarrœa.....	1	1	" Marasmus.....	..	5
Diphtheria.....	..	3	Measles.....	..	1
Disease of Heart.....	7	1	Old Age.....	9	..
" Kidneys.....	2	..	Paralysis.....	6	..
" Spine.....	..	1	" Pyæmia.....	2	..
Dropsy.....	6	..	Shock.....	2	..
" of Brain.....	..	3	Smallpox.....	1	..
" Chest.....	1	..	Softening of Brain.....	1	..
" Gлотis.....	1	1	Still-Born.....	..	23
Drowned.....	1	..	Strangulation.....	..	..
Enlargement of the Liver.....	1	..	Stricture of (Esophagus).....	1	..
Epilepsy.....	1	1	Tabes Mesenterica.....	..	2
Erysipelas.....	1	1	Teething.....	..	1
Fatty Degener'n of Heart.....	1	..	Tetanus.....	1	..
Fever, Gastric.....	1	..	Tumors.....	1	..
" Hectic.....	1	..	Ulceration of Bowels.....	1	..
" Scarlet.....	..	13	Unknown.....	1	1
" Typhoid.....	4	2	" Uraæmia.....	..	1
" Typhus.....	..	1			
			TOTALS.....	176	159

## METEOROLOGICAL OBSERVATIONS TAKEN AT THE SIGNAL OFFICE, PHILADELPHIA, DURING THE WEEK ENDING SATURDAY, MAY 10, 1873.

Month and Day.	Barometer. Daily Mean.	Thermom. Daily Mean.	State of Weather.	Rain. In.
MAY.	..	..	..	..
Sunday.....	30.06	53	Fair, Clear.	..
Monday.....	30.15	59	Clear, Fair.	..
Tuesday.....	30.35	55	Clear, Fair.	..
Wednesday.....	30.36	52	Cloudy, Fair.	..
Thursday.....	30.20	48	Rain.	.43
Friday.....	29.99	50	Light Rain, Clear.	1.50
Saturday.....	30.03	54	Cloudy, Fair.	..
Means.....	30.16	53	..	1.93

The surface of the cistern of Barometer is located 71.92 feet above the mean level of the sea.

Barometer corrected for temperature, elevation above sea, and instrumental error.